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ABSTRACT

This paper describes the essential difference between two modes of sexual relating: (1) a personal, outward style of interaction that is the natural extension of affection, tenderness, and companionship between two people; and (2) an impersonal, inward, more masturbatory expression in which sex is used primarily as a narcotic. The origins of self-gratifying modes of sexuality can be traced to the "self-parenting" process: a core, psychological defense formed early in childhood in which children learn to "parent" themselves, both internally in fantasy and externally by utilizing objects and persons. This adaptation later becomes externalized in an adult's intimate relationships. This manner of sexual relating is characterized by elements of sexual withholding and control, a reliance on fantasy with corresponding emotional distancing, and the intrusion of negative cognitions during sex. The major distinction between self-gratifying modes of sexuality and more spontaneous, free sexual expressions is that the former represents the utilization of another person as an instrument to assuage primitive needs and longings. The only hope for a couple trapped in such a framework is for them to break out of the imprisonment of their defensive posture of self-parenting, and free themselves to move toward individuation and the possibility for genuine love. (Author/RJM)

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Two Modes of Sexuality

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ABSTRACT

The article describes the essential difference between two modes of sexual relating: (1) a personal, outward style of interaction that is the natural extension of affection, tenderness, and companionship between two people; and (2) an impersonal, inward, more masturbatory expression in which sex is used primarily as a narcotic. The origins of self-gratifying modes of sexuality can be traced to the "self-parenting" process, a core psychological defense, which is formed early in childhood and later externalized in an adult's intimate relationships. This manner of sexual relating is characterized by elements of sexual withholding and control, a reliance on fantasy with corresponding emotional distancing, and the intrusion of negative cognitions during sex. The major distinction between self-gratifying modes of sexuality and more spontaneous, free sexual expressions is that the former represents the utilization of another person as an instrument to assuage primitive needs and longings and to relieve the fear of aloneness, separateness, and death.

TWO MODES OF SEXUALITY

Sex is a strong motivating force in life; it has the potential for creating a deep sense of well-being and fulfillment as well as the capacity for generating a good deal of human misery. In my work with patients and in observing people in their everyday lives, I have been impressed with the universality of sexually related pathology in our culture (Firestone, 1990). Even sexual disturbances of a subclinical nature can have serious consequences, affecting every aspect of an individual's overall adjustment, including activities far removed from sexual functions.

I have found that defenses based on an intolerance of intimacy, as well as the compelling need to withhold pleasure and fulfillment from the self and positive responses toward others, are important factors in the development of sexual problems. Most people encounter difficulties in trying to achieve and sustain sexual satisfaction in ongoing relationships because early in life they turned away from external sources of gratification and now seek to gratify themselves internally. They choose fantasy and control while avoiding close, personal interactions.

Internal versus External Gratification

There are two distinct modes of sexual expression: an inward, masturbatory style of sexual relating in which sex is used primarily as a narcotic, and an outward form of genuine contact that is a natural extension of affection, tenderness, and companionship between two people. The utilization of sex as a narcotic is directly analogous to physical addictions such as alcoholism and other forms of substance abuse, in that the sexual experience acts as a painkilling drug to cut off or inhibit feeling reactions. It represents a movement away from real intimacy and emotional exchange between two people toward a reliance on sex as a mechanism for self-gratification that places a limitation on mature genital sexuality.

Sexual experiences can be conceptualized as existing on a continuum between the two modes of sexual expression; they appear to be the most fulfilling when they are the outgrowth of affectionate feelings. At any point during love-making, there can be a shift from close, emotional contact to a more self-gratifying style of relating. This transformation from genuine personal relating to a more impersonal style is damaging to the well-being of the individuals involved. For example, many people report feelings of emptiness, a sense of dissatisfaction, boredom, and irritability following sexual experiences in which an inward or a less personal mode of relating predominates.

Self-gratifying modes of sexual expression are symptomatic of a dependent, addictive attachment in which the partners have formed an imagined connection with each other. This illusory union, which I refer to as a fantasy bond (Firestone, 1985), functions as a powerful defense against fears of loss and rejection. Many couples form a destructive bond as their relationship "matures," following an initial phase of emotional closeness, excitement, and friendship. The adoption of a routinized, mechanical style of love-making, as well as a reduction in the level of sexual attraction, are significant signs that an addictive attachment or bond has been formed. Most individuals are unaware, however, that their sexual relationships are seriously limited by the need to merge their personality with that of another person for purposes of security. They attribute their loss of attraction and diminished emotional involvement to familiarity; yet, when partners are temporarily separated or when they develop more independence, they can recover their original feelings of attraction.

In most cases, men and women distance themselves <u>emotionally</u> from their sexual partner <u>before</u> their fears of intimacy, rejection, or potential loss reach the level of conscious awareness. In other words, they begin to hold back genuine affectionate and sexual responses and unconsciously substitute a more "self-feeding" or inward

style of sexual relating before becoming anxious or fearful. Indeed, the automatic, unconscious nature of defended, self-nourishing modes of sexual relating compounds the problem of treatment for many sexually distressed couples.

Fully satisfying, mature sexual relations are not restricted to relationships in which the partners are deeply involved or committed. A spontaneous sexual encounter between two people who have just met can be satisfying, both physically and emotionally. On the other hand, some people are so limited in their sexual functioning that they find it difficult to tolerate even a single experience that combines sexuality with affection and friendship.

The crucial distinction between the two modes of sexuality is not in terms of the stability, longevity, or depth of the relationship. The determining factors are related to an awareness of one's partner as a separate person, as opposed to the utilization of the other as an instrument for one's own gratification that is impersonal or unfeeling. When sex is used for control, power plays, manipulation, security, self-soothing, i.e., for purposes other than its natural functions of pleasure and procreation, there is generally deterioration in the sexual relationship.

This paper describes manifestations of an inward, self-protective sexual orientation, as distinguished from a more healthy, outward, or mature sexual expression, and explores

the effects of each mode of sexuality on relationships. In addition, the author examines the origins of the self-gratifying mode of sexuality within the context of an addictive attachment.

LITERATURE REVIEW

For centuries, philosophers, psychologists, and poets have attempted to define and circumscribe the many dimensions and qualities of sexual love. In The Art of Loving, Erich Fromm (1956/1963) suggested that there was a dichotomy of love and sexuality related to the diverse motives or drives underlying erotic love:

> Sexual desire can be stimulated by the anxiety of aloneness, by the wish to conquer or be conquered, by vanity, by the wish to hurt and even to destroy, as much as it can be stimulated by love. (p. 45)

According to Fromm, one must gradually overcome "primary narcissism" in order to achieve mature sexual love. Fromm's definition of primary narcissism is similar in many respects to the author's approach and understanding of self-gratifying modes of sexuality. Fromm writes:

> The narcissistic orientation is one in which one experiences as real only that which exists within oneself, while the phenomena in the outside world have no reality in themselves, but are experienced only from the viewpoint of their being useful or dangerous to one [italics added]. (p. 99)

In his elucidation of theories concerning the psychology of love relations, Otto Kernberg (1980) described

a continuum of sexual love, in terms of "the capacity--or rather the incapacity--to fall and remain in love" (p. 278). At one extreme on Kernberg's continuum are "narcissistic personalities who are socially isolated and who express their sexual urges only in polymorphous perverse masturbatory fantasies" (level 1). At the other extreme (level 5) is "the normal person who has the capacity to integrate genitality with tenderness and a stable, mature object relation" (p. 278). Kernberg agrees with Fromm that mature, genital sex requires a leaving behind of the parental figure of the same sex. The author has found that the failure to break destructive bonds with the parent of the same sex is a significant dynamic in countless cases of sexual immaturity and disturbance.

A survey of the literature reveals a general consensus regarding the criteria for "mature" sexuality and love relations, namely the development of an ability to extend "self-love" (primary narcissism) to the love objects (persons) (Freud, 1914/1957; Horney, 1967; Lacan, 1982; Roiphe & Galenson, 1981).

Mollon and Parry (1984) observed a specific form of narcissistic disturbance in otherwise functional individuals. These patients have a reaction to a love relationship and defend against potential injury to the self by "turning away from dependence on others." The patient then "clings to a torturous inner world which, although

painful, is at least felt, unconsciously, to be more controllable" (p. 141). In these cases, depression develops as a protective mechanism and interferes with the further development of the self.

In writing about female sexuality, Lacan (1982) contended that feminine sexual maturity does not, as many theorists have insisted, imply "the transformation of the clitoral into the vaginal," but rather the transformation of "auto-erotic libido into object libido" [italics added] (p. 129). In the author's terms, this would imply a transformation from self-gratifying forms of sexuality into a reliance on others for satisfaction in interpersonal relations. Similarly, Kernberg (1980) suggests that mature love relations are dependent on the achievement of libidinal object constancy, that is, the investment of libido in another person or persons. Most psychodynamic theorists see this achievement or its failure as being largely dependent upon environmental factors in the infant's life.

Etiology of Sexual Disturbances

The vicissitudes involved in the development of a stable sexual identity and libidinal object constancy have been addressed by numerous writers (Roiphe & Galenson, 1981; Winnicott, 1965). For example, in his essay, "Ego Integration in Child Development," Winnicott described the requirements for "good-enough" parenting (mothering) that would facilitate the development of these two important

aspects of an integrated ego and explained the consequences of inadequate parenting:

> The baby who misses good-enough care in the early stage [develops]...the specific defence of self-holding, or the development of a caretaker self and the organization of an aspect of the personality that is false (false in that what is showing is a derivative not of the individual but of the mothering aspect of the infant-mother coupling) [italics added]. This is a defence whose success may provide a new threat to the core of the self though it is designed to hide and protect this core of the self. (p. 58)

Winnicott's description of the "caretaker self," consisting of parenting aspects of the "infant-mother" bond, captures the essence of the "self-parenting" process described in this paper. The self-parenting process is at the root of later difficulties in the development of sexual identity and is manifested in self-feeding, addictive patterns of behavior, as well as in disturbances in adult sexual relating.

Similarly, in distinguishing between the two modes of sex, Arthur Janov (1970) argued that "when a person has been loved early in life, he does not have to extract it [love] from sex.... Sex will be a natural outgrowth of a relationship" (p. 284-285). However, "neurotics exploit the bodies of others to satisfy old needs" (p. 285).

> When needs are deprived and feelings are blocked early in life, they emerge in symbolic form. In sex this means that the act will be experienced (usually via the fantasy) as fulfilling the need. (p. 281)

In Infantile Origins of Sexual Identity, Roiphe and Galenson (1981) suggested that during the oedipal phase the intensity of castration anxiety and the child's sense of sexual identity depend upon much earlier experiences, notably:

> ...experiences that interfered with the developing sense of body intactness or with the mother-child relationship...[that] produced an instability of self and object representations. (p. 36)

Other studies of early sexual development have emphasized the pre-oedipal stage (the second half of the second year) as being a critical period for establishing gender identity (Schoenewolf, 1989). Rothstein (1979) noted that an overriding fear of object loss during the pre-oedipal phase motivates the ego to engage "in activities that are designed to give the illusion of a capacity to control the [maternal] object and its disappearance, i.e., to prevent separation" (p. 36).

The first two stages in Erik Erikson's (1963) psychosexual/social developmental model (trust versus mistrust and autonomy versus shame) are also of interest in terms of their impact on adult sexual functioning. The experience of shame as it affects one's capacity to engage in mature genital sexual relations has been addressed by Wurmser (1981), Weigert (1970), Lewis (1971), and Kaufman (1980), among others.

Without the foundation of positive emotional experiences during the pre-oedipal and oedipal stages of development, adults are limited, to varying degrees, in their ability to relate to others at close quarters, and they tend to avoid potentially gratifying relationships. Rather than trust again in external sources of satisfaction, they come to depend upon self-feeding patterns of behavior for sexual gratification.

THE SELF-PARENTING PROCESS AND ADDICTIVE SEXUALITY

A number of sexual disturbances, including impotence, premature ejaculation, preorgasmic disturbances, and disorders of sexual desire have been found to be highly resistant to behavioral therapy. In her investigation of these "resistant" cases, Kaplan (1979) suggested that the origins of these disturbances may be found in pre-oedipal deficiencies. Kaplan's clinical perspective fits the approach developed in this paper, and she explains that the failure to explore the roots of these disturbances in early childhood account for the relatively high failure rate of clinicians' treatment of these individuals. The author of the present paper suggests that the concept of the "self-parenting" process provides a theoretical framework for understanding the psychodynamics of many clinical and subclinical sexual disturbances.

Origins of the Self-Parenting Process

The extent to which people are involved in a self-gratifying, defended style of sexual relating is primarily determined by the extent to which they have been damaged as children in their basic sexual identity and feelings about their bodies. Emotional deprivation, frustration of the child's natural attraction to the mother, lack of parental empathy for the infant, separation experiences, all contribute to the child's growing reliance on various self-parenting habit patterns to relieve his/her distress. In developing major defenses against anxiety, pain, and hunger, children learn to "parent" themselves, both internally in fantasy and externally by utilizing objects and persons in the environment. The result is a pseudo-independent posture of self-sufficiency--a fantasy that one can take care of oneself without the need for others (Firestone, 1985).

Early in the developmental sequence, the infant forms an illusion of connection with the mother and increasingly relies on this fantasized fusion (fantasy bond) for partial gratification of its needs (Firestone, 1984). This imagined merger with the mother is later extended to the father and to the family at large. When deprived of physical and psychological "nourishment," the infant also tries to compensate by sucking its thumb and by other means of self-nourishment. These self-feeding habits, together with the fantasy of imagined oneness with the mother, help children

alleviate the emotional pain of rejection and fears of separation and aloneness. The self-parenting process persists into adult life and may come to be preferred to real relationships as a source of comfort.

Strong guilt reactions are attached to the continued use of self-gratifying habits. Masturbation, excessive fantasy, the use of drugs, and other addictive behaviors are closely associated with a retreat from the real world and from personal associations. Eventually these behaviors are no longer ego-syntonic; instead, they contribute to feelings of self-recrimination and remorse.

The Self-Parenting Process in Adult Sexual Relationships

In an ongoing sexual relationship, a pseudo-independent orientation can become of primary importance in defending against the "dangers" of intimacy, i.e., the vulnerability to potential loss and rejection. Balint (1952/1985) suggested that mature genital sexual relations offer

> the possibility of regressing periodically for some happy moments to a really infantile stage of <u>no</u> reality testing, to the short-lived re-establishment of the complete union of micro- and macrocosmos. (p. 137)

The sex act can be conceptualized as a real, but temporary, physical connection followed by a sharp separation (Firestone, 1984). Thus, a satisfying sexual experience is capable of arousing intense separation anxiety in many individuals. People try to protect themselves

against anxiety by retreating to a more inward, defended mode of sexual expression.

The self-parenting process also functions as a protection against death anxiety. An addictive attachment to another person provides one with an illusion of immortality on a deep, unconscious level. Many individuals involved in long-term relationships gradually revert to routine, deadening sex in an attempt to avoid an awareness of potential loss and to relieve feelings of vulnerability in the face of existential reality. For couples who rely heavily on a fantasy bond or imagined connection, an especially satisfying sexual experience can constitute a major threat to their defended style of relating.

As stated earlier, a self-nourishing style of sexuality can be present, to varying degrees, in <u>any</u> sex act. The primary distinction between masturbatory sexual relating and more spontaneous, free sexual expression is that the former represents an <u>extension of the self-parenting process to another person, i.e., the utilization of another person as an instrument to assuage primitive needs and longings and relieve the fear of aloneness, separateness, and death</u>.

MANIFESTATIONS OF ADDICTIVE MODES OF SEXUALITY

Many people have difficulty combining sex and friendship (affection). Withdrawal and the dissociation of feelings during the sex act itself can become habitual or can occur intermittently. A self-gratifying mode of sexual

relating is characterized by a number of specific behavior patterns and associated feeling states: (1) elements of control and sexual withholding in one or both partners; (2) a reliance on fantasy with corresponding emotional distancing; (3) the presence of guilt reactions associated with reacting impersonally; and (4) the emergence of negative thoughts reflecting self-critical, self-hating thoughts and/or critical or hostile attitudes toward one's partner.

Control and Sexual Withholding

The basic characteristics of a self-protective, addictive style of sexuality center around issues of control and reflect the degree to which an individual has become sexually withholding. Many complicated factors shape patterns of sexual withholding, including hostility, passive-aggression, and a fear of being consumed or "swallowed up" by emotionally hungry parents in early family interactions. This defense refers to a holding back of pleasure or fulfillment from the self and a withholding of expressions of physical affection and sexuality from others.

The source of sexual withholding can be traced to early childhood. When defended parents are unable to tolerate affection and love from their children, the child learns to inhibit positive emotional responses. This constricted posture and the associated behaviors persist into adult life, with or without conscious awareness.

Withholding is the mechanism that maintains the primary fantasy of self-sufficiency. By reducing the responses of both giving to, and taking from, objects in the external world, the child limits emotional exchanges with others. Underlying this defensive pattern is the feeling of not needing anything from others, and especially of not wanting to give anything of oneself, out of a deep-seated fear of being drained or depleted. In elucidating the link between withholding patterns and addictive propensities in The Fantasy Bond, the author (Firestone, 1985) stated:

> Theoretically, the self-parenting process can be understood as a psychonutritional system wherein the person imagines that there are limited quantities of nourishment available in the interpersonal environment. The individual unconsciously rejects real gratification and gives up goal-directed activities in order to hold on to the safety of a fantasy world over which he or she has complete control. (p. 138)

Thus, it is clear that maintaining control is vital to people who are withholding. As young children, they learned that they could have complete control over internal sources of gratification, in contrast to having difficulty controlling the comings and goings of parents or caretakers. Therefore, they regulate and restrict their emotional transactions with others and stabilize their inner world of fantasy. Adults who have become sexually withholding perceive spontaneous interactions and sexual intimacy as risky, potentially painful, and not under their control;

consequently they try to regulate or direct various aspects of the sex act. For example, one person in a relationship may dictate the frequency of love-making, the time, the place, the conditions, movements, positions, and manner of expressing affection. Passive or covert forms of control, such as seductive behavior followed by rejection, appear to be more common than overt, aggressive maneuvers.

Case Study. Mr. and Mrs. F. had been married for 12 years. Recently the couple decided to separate because of dissatisfaction with their sexual relationship. In a therapy session, Mrs. F. discussed her compulsion to control the relationship and the patterns of withholding that had modified the couple's love-making, turning it into a painful experience. This is an exaggerated case, but it makes a point that is much more generally widespread.

> MRS. F.: I remember that when I first met B____ (husband), there was a real attraction between us. We were both fairly independent and had a lot of fun together. We were very thoughtful toward each other, always thinking of things to do to make each other happy.
>
> But then, even before we were married, I was struggling against wanting to control him. I talked about it for a while in counseling, but then I gradually stopped talking about it.
>
> THERAPIST: What do you mean, control him?
>
> MRS. F.: I wanted to control his feelings. I wanted to tell him what he was feeling, and this wasn't just during sex. This was all the time. I wanted to tell him where to go. I wanted to tell him what we were doing. I wanted to tell him how he was feeling. I wanted to tell him what he was doing right and wrong.

THERAPIST: Why do you think you felt like doing that?

MRS. F.: I felt compelled to be in control, and in that I felt more secure and I felt like it was more comfortable. The other way, when I didn't do that, I felt more anxiety, I felt more vulnerable.

I felt slowly through the relationship that I got more and more and more control and I turned him into a person that I was no longer attracted to. (Sad) I really wasn't attracted to him at all. I felt like I turned him into a person I hated, and I felt repulsed by him almost, like by his looks. It got to be that bad.

I knew that partly I had done it, so I felt so guilty. I felt crazy because I knew I did it to him, but still I hated him. It got so that during the last few years, I couldn't stand his affection.

Making love also was very cut-off. I was really in control. I was controlling the whole situation as far as what we did and how it went and who touched who, and then it became very masturbatory and very regular, always the same.

Both men and women can become sexually withholding and controlling in long-term relationships. Men often place limits on the sexual relationship by closing off women's feelings of excitement or subtly discouraging their spontaneous movements. Some men feel threatened by a woman's explicit interest in sex and her responsiveness.

Mr. L., a 42-year-old lawyer, developed insight into unconscious fears that had contributed to his withdrawal from the women in his life. He experienced considerable anxiety about his ability to satisfy a woman; his reactions to this perceived shortcoming had served to undermine his relationships throughout his adult life.

MR. L.: I grew up thinking that I would never be able to satisfy a woman. I realize that this feeling fits in with the way my mother was toward me. I never could satisfy her. As a little boy, I remember I always was aware that she was interested in me and wanted more from me than she did from my father.

By the time I was born, she had nothing. She hated him--and he hated her, but she wanted me. And I grew up thinking that I could never satisfy her.

Mr. L. goes on to make important connections to his behavior in his current relationship:

It's still there--that fear. I have tremendous fear of being with a woman, and I have tremendous anger at this, too. I realize that I have this anger at women for having this power over me and for having the ability to control me or devour me. There's fear and there's anger. I can think of times now that I become withholding. I just say, "I don't want it!"

Many men express the same feelings as Mr. L. when he says:

I have a feeling at times that I don't want anything to do with women. I don't want anything to do with sex. I'm not going to put myself in the position where a woman has that power over me. I'm not going to feel like that little boy ever again. I'm not going to be like my father, controlled by a woman. The way I react, though, is to be weak, to withhold, so that won't happen again.

But it's paradoxical that in my relationship with A_____, the sexual relationship is mechanical, not nice, it's unfeeling. She has it under her control. I'm performing for her sexually, much as I was performing for my mother--then I see what's happening and I hold back. So I'm withholding in the sexual relationship with her, just as I held back from doing what my mother wanted. I've put myself in a situation where I'm restricted and I'm

controlled because I'm still scared. I'm still angry.

There are innumerable examples of people withholding after making a mutual commitment. Their withholding represents an attempt to find an "ultimate" security by trying to extract unrealistic promises of unconditional love. Habitual patterns of self-denial or withholding have a progressively deadening effect on the feelings of excitement and attraction usually experienced at the beginning of a relationship. Fear of strong emotions causes many individuals unconsciously to limit or inhibit their pleasure and enjoyment, particularly in long-term relationships. In becoming withholding, one or both partners tend to retreat to a more restricted or immature level of sexual functioning and their love-making takes on a more impersonal, masturbatory quality.

Fantasy and Emotional Distance

To compensate for the lack of genuine relating in addictive relationships, people often develop a fantasy of closeness and love as a substitute. Within this fantasized connection, for example, they may sleep in each other's arms without much feeling or regard for each other. In this embrace, couples attempt to find comfort and security and to satisfy primitive feelings of emotional hunger. One woman, married for a number of years before her divorce, described

the manner in which she and her husband related prior to the dissolution of their marriage:

> I remember that we got into a habit of sleeping very closely entwined, but hating each other at the same time. There was no sexual feeling or attraction, but it was like a deep intertwining, totally into each other's arms. We wouldn't make love--we hated each other. And that wasn't like it had been at the beginning when it was freer and <u>not</u> having a fantasy of being in love. It wasn't a role then. We weren't into a role of how to be in love, but near the end we were in that fantasy.

Many men and women distance themselves emotionally from their partner by fantasizing about another person during sex. Here Larry, 45, attributes the loss of excitement and intimacy with his wife to his urgent need to fantasize whenever the relationship became close and deeply personal:

> What bothers me most is the loss of sexual excitement in my marriage. This excitement, the kind that comes <u>before</u> actually having sex, makes me feel so looking forward to making love to a woman, but then I somehow deny that excitement to myself. It seems paradoxical--the relationship and the excitement are available to me, yet in place of them, I substitute fantasies about having that same thing with somebody else.
>
> This pattern has been present in all my relationships and both marriages. I have that excitement with a woman <u>until</u> I develop a close relationship; then that dies and I fantasize about somebody else.
>
> It makes me sad to know that I'm missing a meaningful part of my life and that I have a kind of negative control over my sexuality, in a sense.

The sex act assumes a negative connotation when sexual fantasies contain incestuous, sadistic/masochistic, or other

forbidden components. The secrecy and inwardness involved in protecting these fantasies from exposure tend to intensify the guilt associated with fantasizing during a sexual experience. The compulsive use of fantasy to enhance sexual excitement indicates a denial of the need for the other that fosters emotional distance. Analyses of sexual fantasies reveal patients' attitudes toward the giving and taking of love in relation to other persons, as well as the extent to which they have retreated to an inward style of self-gratifying sexuality. The symbolic interpretation of these fantasies is extremely valuable in understanding each person's mode of functioning in interpersonal relationships.

Guilt Reactions

Manipulations to control one's partner, the holding back of affection and sexual responses, and maneuvers to create emotional distance precipitate strong guilt reactions which are psychologically painful. When individuals defend themselves against painful feelings stirred up by a close, personal relationship where they are acknowledged and cared for, they are aware, on some level, that their retreat is hurtful to their loved ones. This causes them considerable guilt. When they experience this awareness of guilt and remorse, many couples begin to act out of obligation rather than from spontaneous free choice. Mrs. S., recently divorced after 12 years of marriage, talked about the guilt

she felt in holding back from her husband. In a conjoint therapy session, she said:

> MRS. S.: The self-hatred and guilt that I felt in pulling away sexually and knowing on some level that I was doing it was torturous. I felt that my reactions to D. were so often based on guilty feelings. I would try to act enthusiastic about making love so I wouldn't have to feel so guilty. Also, I know I started to use sex in a way to soothe myself, rather than to feel alive and excited.
>
> DR. F.: They were attempts to make restitution for what was really lacking.
>
> MRS. S.: Right.
>
> MR. S.: Which confused me. She really seemed to want to make love and she was pursuing me and we'd get into bed and I felt like--"God, I'm really falling apart here," because I wasn't interested, I didn't respond. I couldn't make love the way I did before, and it was driving me crazy.

In a retrospective exploration of the factors that contributed to the deterioration of the couple's sexual relationship, Mrs. S. became aware that her attitude toward her husband and toward men had changed dramatically over the years. In a later session, she developed insight into her shifting perspective on men and how it had affected the couple's sexual relationship.

> MRS. S.: And I thought more and more negatively about you and about men, in general, that they're out to humiliate you--a very paranoid view--and that if you don't control them, you're going to be humiliated.
>
> Our sexual relationship, the actual sexuality or being sexual, turned into a wrestling match with that kind of thinking--whether or not I was going to

control you or whether or not I was going to relax and be sexual and close.

The two ways are totally different. There's a big difference in those two kinds of sexuality for me.

DR. F.: How do you mean?

MRS. S.: In the sense of it's being an unfeeling, really unfeeling view. It's really viewing a man as an instrument, that's a terrible phrase, but I think that it's really true. And there's always that wrestling, that battle going. It's the battle of the bedroom.

Negative Thoughts Evoked During Sex

Sexual experiences that are of a more masturbatory, self-nourishing nature are characterized by the intrusion of negative cognitions into one's thoughts prior to, during, or following the sex act. Self-critical attitudes and thoughts reflecting animosity toward one's partner can erupt spontaneously into consciousness at any time during a sexual experience, intensifying performance anxiety and feelings of self-consciousness. These thoughts are part of a negative thought process or "voice" (Note 1) that represents the introjection of parents' negative attitudes and hostility that the child experienced while growing up. Even in its mildest form, the voice process interferes with an individual's ability to perform adequately or to take pleasure in making love.

For example, during intercourse, a man might find himself thinking: "you're not going to be able to hold onto your erection," and actually begin to feel cut off from his

sexual feelings and sensations. In this case he would tend to experience considerable difficulty in completing the sex act. Similarly, many women report having worries about their performance, in the form of self-attacks, such as "you're not moving right;" "you're not going to be able to have an orgasm;" "you can't make him feel good."

During foreplay, negative views about certain parts of the body are picked up, on some level, by one's partner, who then tends to avoid touching those areas. Many men tell themselves: "your penis is too small," while women attack themselves with thoughts such as "your hips are too big;" "your breasts are not attractive (too large, too small, the wrong shape);" "your vagina is too large." Two people making love for the first time often become painfully self-conscious as they begin to undress. Negative attitudes toward the body and about nudity generally come to the foreground at this point. For example, one man criticized himself for taking pleasure in looking at his partner's body. In a therapy session, he identified the specific content of these and other voice attacks:

> I have a lot of self-attacks about being sentimental, a softie, whenever I feel like saying tender things or looking at a woman. I think to myself:
>
> "Don't do that! Don't look at her, that's not like a man, real men don't do that. She thinks you're a little boy. You're just like a little boy."
>
> I like especially to look at her face but I think to myself: "Don't look, she'll know you're weird."

This voice tells me especially not to say tender things:

"Don't use words, don't use words! She'll know you're not a man, you're a worm, a weasel. She'll think you're a creep. Just be a man (angry) be a man, tough, hard, don't be sweet and tender."

Later on, during intercourse, I become more focused on performance and I feel like I'm going to come quickly. Then I think things like:

"You have no staying powers, you're going to come quick. You can't please her."

Then the feeling shifts from really enjoying sharing something with a woman to feeling like I have to perform. I have to be really good.

The voice process is the mechanism that regulates patterns of sexual withholding. In responding to these subliminal voices and following their prescriptions, individuals inhibit many of their spontaneous, natural responses during sex. In shifting their focus to concerns about performance, people tend to transform their love-making into a more masturbatory type of sexuality and concentrate on the technical aspects of sex in an effort to complete the act.

EFFECTS OF ADDICTIVE SEXUALITY ON INTERPERSONAL RELATIONSHIPS

The quality of a particular sexual experience is influenced by each partner's sexual orientation, that is, whether it is based on a core defense of fantasized self-sufficiency or on the pursuit of a healthy interdependence with another. For example, individuals who have a more

self-gratifying or defended orientation toward sex often feel dulled and somewhat empty following such an experience. There is an analogy between this reaction and the hurt or rejected child's clinging to the mother without really being comforted. The lack of responsiveness or fulfillment in children who are anxiously attached is similar in many respects to the feelings reported by people after unsatisfying sexual experiences. Feelings of emotional, even physical hunger, contrast with the satisfaction, on a feeling level, that follows fulfilling, personal love-making. Negative feelings may occur, despite the fact that the sex act itself has been technically successful. In addition, feelings of self-reproach associated with the use of fantasy, the intrusion of negative cognitions, and the awareness that one is utilizing another person as an object rather than as a person, can contribute to depression, feelings of alienation, and depersonalization.

If sex is masturbatory, there is a greater chance of actually interrupting or interfering with a favorable completion of the sex act. Unsuccessful sexual experiences lead to feelings of disorientation, confusion, and hostility. The process of first being responded to sexually, then having it held back can be completely bewildering. It shakes a person's confidence and undermines his/her feelings about him/herself as a man or woman. For

example, Mr. S., in a later session, talks more about the confusion he often felt after making love to his wife:

> Sometimes, while making love, I would notice C____ feeling distant or just not there, and I wondered what was going on and I'd ask: "What's happening?" Her typical reaction would be, "Nothing, there's nothing going on. Nothing's bothering me."
>
> There was nothing more confusing to me than to feel like there was something going on with her, and to not get a response, to get a denial, or for her to act as if she were just distracted for a minute.
>
> It was a stone-walling kind of response that <u>really</u> meant: "I'm not interested in thinking about it. I don't want to feel anything about it." That's the feeling I got, and so I would go away cold, miserable, and confused.

When either partner is sexually withholding, the sex act becomes progressively more impersonal and tends to lack tenderness and compassion. Sex then becomes more like a feeding experience, wherein one partner wants to be fed symbolically by the other rather than allowing him/herself to feel an equal, adult responsibility in the sex act.

A relationship in which one individual's desire for sexual contact is <u>not</u> equal generates hungry, desperate feelings in the other. The dynamics and ongoing effects of routinized, "mechanical" sex on individuals involved in an addictive relationship have been described by the author in another work (Firestone, 1985):

> In a couple bond, each partner attempts to regulate the flow of love and affection, that is, the amount of gratification the mate gives. By holding back qualities that are most admired or

> valued by the mate, one can turn a partner's love to anger or even hatred.... Both parties become more inward and defended against each other once these patterns become well established. (pp. 65-66)

Most couples try to disguise or cover over the fact that their love-making is no longer exciting, romantic, or even friendly. Their communications are, more often than not, directed toward preserving the <u>form</u> of the relationship while, at the same time, they deceive themselves and others that the <u>substance</u> of their relationship is not lost. Acting out of form or from conventionally designated roles compounds the problem and may be profoundly debilitating to the individuals involved.

DISCUSSION

The Relationship Between Food and Sex in Self-Gratifying Modes of Sexuality

Freud (1905/1953) originally linked early feeding experiences to the subsequent sexual development of the individual. In an analysis of the "oral basis of sexuality" (Firestone, 1957, 1985), the author conceptualized a parallel between the continuum of sexual modes described here and the stages of psychosexual development delineated by Freud and later by Erikson (1963). At one extreme on the continuum are psychotic patients who misinterpret and confuse oral and sexual symbolism, contributing to a retreat from sexuality and interpersonal relationships. However, the symbolic confusion of sexual and feeding symbols is <u>not</u>

restricted to regressed schizophrenic patients. In fact, an analysis of the oral basis of sexuality is fundamental to an understanding of sexuality in "normal" and neurotic individuals.

When people avoid sex and closeness, they are, in effect, turning away from seeking gratification outside themselves and relying on an inward style of gratification. For example, a woman who is inhibited sexually or who holds back from feeling fully responsive is denying her wish to be fed from the external environment. Her lack of response is a symbolic statement of her pseudo-independence: "I can feed myself." A man who compulsively masturbates rather than make love to his wife may fear that a woman, her mouth or her vagina, will drain him, or he may feel completely inadequate in relation to satisfying a woman. At the same time, by masturbating, he is attempting to sustain the infantile fantasy that he can take care of himself, that he does not need a woman.

Many individuals substitute food, alcohol, or drugs for sex, preferring to satisfy oral needs rather than risk frustration and possible rejection in a sexual relationship. Others revert to addictive habits following a particularly satisfying sexual experience. For example, a woman revealed that her recurrent eating binges invariably occurred after she felt especially fulfilled in making love:

> If I have a close night with G____, I feel good, but the feeling doesn't stay with me too long. If it stays until the next day, I might want to be with him again, but for some reason, if it's not possible, if he's busy or I can't be with him, I get frustrated and I say to myself "Well, who needs him anyway?" The next thing I find myself doing is going to the refrigerator to eat.
>
> I even create the circumstances where I'm not going to be with him the next night, just so I <u>can</u> eat, just so I can take care of myself that way, and after that, I feel dull, heavy, sort of deadened and I'm not interested at all in being sexual.

CONCLUSION

As noted earlier, both men and women tend to hold back sexually and emotionally from themselves and their loved ones as part of a basic defense of self-parenting. Indeed, sexual withholding affects the core of the couple's emotional life. In seeking to regulate the amount of gratification they allow themselves from external sources, individuals necessarily alter their basic orientation to sex, as well as the sex act itself.

The dynamics of sexual withholding in a couple bond are complicated and difficult to work through. However, therapeutic interventions that are directed toward the personal development of each individual can help break patterns of sexual withholding, allowing both individuals to recapture their original feelings of friendship and sexual attraction. Couples need extensive help in learning how to talk together in ways that are constructive and nonhurtful. Many people are afraid to be vulnerable and outspoken in

sexual situations; however, being open about one's desire or lack of desire to make love or acknowledging when one or the other partner feels cut off, distracted, or unfeeling during the sex act can help break into defensive modes of sexual relating.

The manifestations of inward, self-gratifying sexuality are closely related psychodynamically to other addictive behaviors and propensities. The treatment of these sexual disturbances, however, is not as straightforward as one of the methods recommended in the treatment of physical addictions, i.e., withdrawal from the substance being abused. It goes without saying that people don't want to give up sex, nor is this typically the prescribed course of treatment. The issue is not one of treating sexual problems, per se, but of helping individuals understand that the roots of their sexual disturbances lie in their defensive posture toward life and their intolerance of being close to another human being. With insight into the key elements that have contributed to their retreat into a more addictive sexual orientation, they can overcome their fears of being close.

Ultimately, the most effective psychotherapy for couples troubled in their sexual relationships involves individuals challenging their core defenses, thereby becoming more independent and more pursuant of their priorities. The fundamental resistance to becoming more

independent lies in the fact that many people are frightened that if they have a more separate and independent style of relationship, they won't be chosen, they won't be loved. Their feelings of inadequacy, worthlessness, or unlovability make them want to manipulate and control each other.

Once the symptoms of a fantasy bond or addictive attachment between two people have been recognized and altered, however, a new relationship becomes a possibility. Individuals can reclaim the territory they lost, not through techniques that support the structure of a fantasy relationship, but through expanding their boundaries. The only hope for the couple as well as the future of the family is for people to break out of the imprisonment of their defensive posture of self-parenting. Freeing themselves from destructive ties and moving toward individuation opens up the possibility for genuine love and intimacy.

NOTES

1. The "voice" can be defined as critical, self-parenting patterns of thought that reflect the language of the defensive process.

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